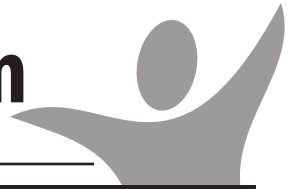
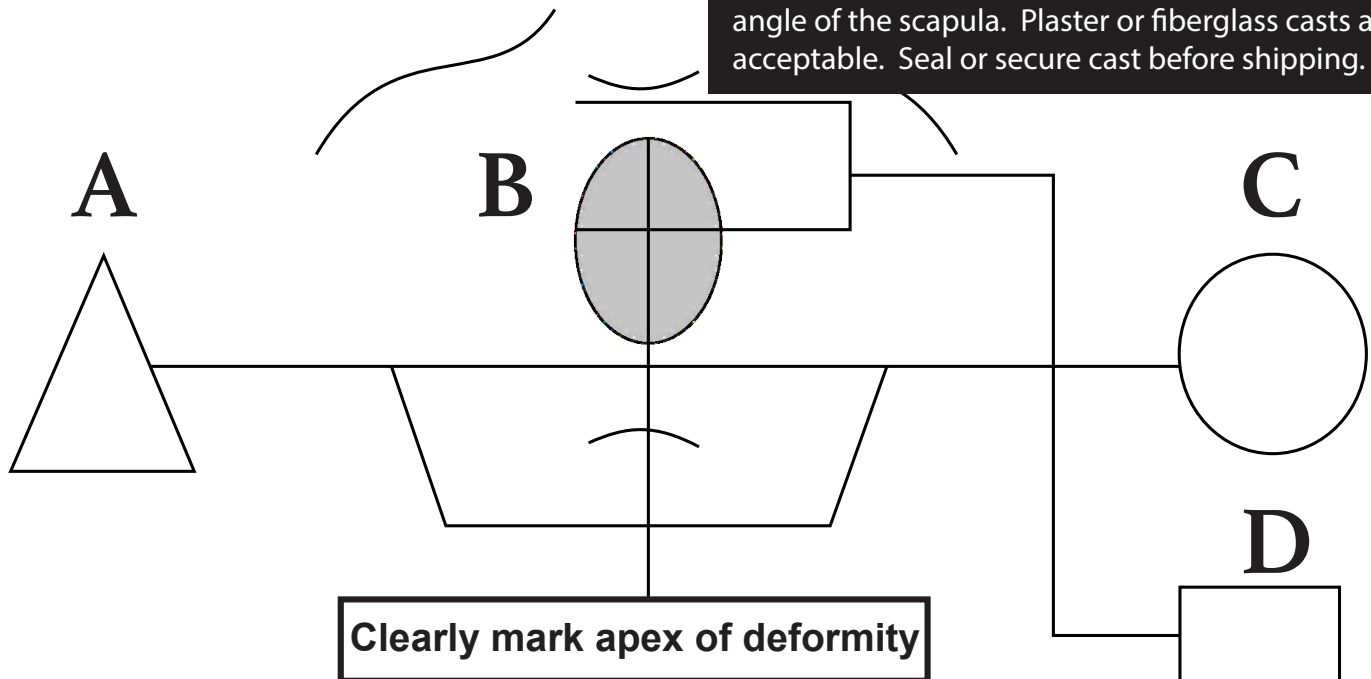


WPC Compressor™ Orthometry Form



Patient Name: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Please be sure to mark the spine and inferior angle of the scapula. Plaster or fiberglass casts are acceptable. Seal or secure cast before shipping.



PLEASE FILL OUT FORM COMPLETELY

- A. M/L at level of deformity _____
- B. Clearly mark deformity
- C. Circumference at level of deformity _____
- D. Distance from apex to deformity to sternal notch _____
- E. A/P @ level of deformity _____
- F. Length of deformity _____
- G. Width of deformity _____
- H. Distance from midline (if Apex is offcentered: ie 2cm Rt lateral) _____

Please select compressor type:

- WPC Compressor** Standard Brace
- WPC Compressor II** Brace is used for deformity superior to the nipple line.
- WPC Compressor With Extension** Brace for patients with significant breast development
- WPC Compressor For Rib Flares**

Options: Gel lining Spinous process relief Contoured anterior pad

Shipping Information:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Ship Via: _____ Ship Date: _____ Shipping Method: 1Day 2Day 3Day Ground

Billing Information Check If Same As Shipping Date: _____ P.O.# _____

Facility to be billed: _____ Contact: _____ Date Needed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

If you have any questions or need additional information, please contact Brian Whitacre, Fabrication Lab Manager, at 1.888.552.2555.

SHIP ALL CASTS TO: 5311 E. Fletcher Ave., Tampa, FL 33617

Please note estimated production takes 3 to 5 days.

